FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DI FOR THE MIDDLE DISTRICT (
(1) Francis E. Sinkler 45,209: (Name of Plaintiff) (Inmate Number): BAUPHIN COUNTY Prison: 501 MAII Rd., Hbg., PA. 17111: (Address):	PER DEPUTY CLERK
(2)	(Case Number)
(Address) : (Each named party must be numbered, : and all names must be printed or typed) :	
1) Warden, Brian S. Clark 2) Security, Robert Lucas	CIVIL COMPLAINT
3) Block officer, Miller (Names of Defendants) 4. OFFICER, HALTERMAN	
(Each named party must be numbered, and all names must be printed or typed) 5. OFFILER, MORRIS	

I. PREVIOUS LAWSUITS

7. OFFICER, MYERS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

1:19-CV-0936, JUNEY, 2019 US. middle District 3:19-CV-1083 July 10, 2019 US. middle District 1:19-CV-1211 July 17, 2019 VS. Middle District

42 U.S.C. § 1983 - STATE OFFICIALS

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II.	EXHAUSTION	OF	ADMINISTRATIVE	REMEDIES

	In or each	der to proceed in federal court, you must fully exhaust any available administrative remedies as to ground on which you request action.
	A.	Is there a prisoner grievance procedure available at your present institution? YesNo
	B.	Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes No
	C.	If your answer to "B" is Yes:
		1. What steps did you take? Filed A GRIEVANCE to the SECURITY
		And I've Filed A GRIEVANCE TO The Warden
		2. What was the result? I did not receive A RESPONSE
		The Administration at Dauphin County Prison NEVER RESPOND!
	D.	If your answer to "B" is No, explain why not:
III.	DEFE	NDANTS
		ume of first defendant: Warden, Brian S. Clark
		iling address: Dauphin County Prison
	(2) Na	me of second defendant: Directon of Security. Robert Lucks
	Em Ma	ployed as Director of Security at Davonin County Prison iling address: Dauphin County Prison - 501 Mail Rd., 450, Pa 1711
	(3) Na	me of third defendant? OFFICER, MILER
:	Em	ployed as officer, Miller at Dauphin County Prison
	ivia	(List any additional defendants, their employment, and addresses on extra sheets if necessary)
V. S	TATEN	AUNIT CLU CLAIM LI ACALACO LA CLITTE BURNO
(9	tota haza	sas briefly as possible the facts of your case. Describe how each defendant is involved, including
date	es and pl	aces. Do not give any legal arguments or cite any cases or statutes. Attach no more than three
xtra :	sheets if	necessary.)
	1.	N SUNDAY, 6/23/2019 At AROUND About 6:00 Am thru
	6	:45 AM I had SEVERE BACK PAIN which FORCED
	M	E To Fall onto the Floor IN EXTreme Pain on G-Block
	Q.	-4-7 this is ON CAMERAS. AFTER FAlling And
		2

	Case 1:19-cv-01327-SHR-EB Document 1 Filed 07/31/19 Page 3 of 8
	ASKING FOR A DOCTOR, SEVERAL OFFICERS Physically
	hand cuffed me; Assulted me And Physically dragged
• .	ME AND BEAT ME All the way to the Hole. Causing
2.	
	Course injuring my BACK More. ONCE I Arrived
	to the Hole P-Block, P-3-8 SEVERAL OFFICERS Physically
	Threw me into this cell and BEAT me And Stomped me
	FOR Nothing. I SAW FIVE OFFICERS BEATING ME! MY Block
3.	OFFICER ON Q-Block; OFFICER Miller; OFFICER HAITERMAN
	OFFICER MORRIS; OFFICER DANNER AND OFFICER MYERS
·	This Altercation is recorded on CAMERA At G-Block,
* *	Q-4-7 AND P-Block, P-3-8. AFTER BEING ASSULTED
	TWO DAYS LATER I SAW A DOCTOR 6 25 2019 THE DOCTOR
Suare	BEAT'N BY SEVERAL OFFICERS FOR HAVING A BACK INJULY to briefly exactly what you want the court to do for you. Make no legal arguments. Site no cases or tites.)
1	
i	I would like to be AWARDED COMPENSATORY
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2.	I would like to be AWARDED compensationy damages Against the Marden and the Prison for my pain and suffering. I would like to be transferred out of this
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2.	I would like to be Awarded compensationy damages against the Warden and the Prison for my pain and suffering. I would like to be transferred out of this PRISON. Due to the Fact that officers have been threatening me. And I FEAR FOR my
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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of July ,2019

(Signature of Plaintiff)

Frellie E. Sister: 194421275-Struppin Document Prisibel 0730/19MRADRS1008tbg., Pa. 17111 6/25/2019

TO: GRIEVANCE COORDINATOR / Director of SECURITY: MR. ROBERT LUCAS ON Sunday, June 23, 2019 At AROUND About 6:00 AM Through like 6:45 AM I had Extreme BACK Pains which hurt so bad it Forced me to Fall out on the Floor in Extreme Pain on Q-Block, Q-4-7 this is on CAMERA! AFter, Passing out on the Floor and Yelling I weed A Doctor and medical Assistance. SEVERAL OFFICERS, Physically and aggressively handcuff me from behind; Manhandled me and physically dragged me and beat me all the way to the Hole. This is also ON CAMERA... CAUSING bruiSES TO MY NECK; ARMS; WRIST AND OF course injuring my back worst. Without Forwarding me the opportunity to SEE A Doctor or MEdical STAFF! ONCE I'VE ARRIVED to the Hole on P-Black After being dragged AND BEATEN/CEll P-3-8. SEVERAL OFFICERS Physically threw ME into this cell and proceeded too bEAT ME And Stomp ME FOR NO REASON. I SAW FIVE OFFICERS BEATING ME AND STOMPING ME My Block officer; on from Q-Block officer Miller officer HAlterman; Officer Morris; OFFICER DANNER AND officer MYERS All from P-Block and Q-Block. NEVERTHELESS, This whole Altercation is RECORDED ON the Block And carridor CAMERAS, Q-Block, Q-4-7; the corridor AND P-Block, P-3-8 CAMERAS, ON this Day and time! I RONICALLY, HERE it is two days later and I am now SEEING A DOCTOR! HE has diagNOSED ME with Extreme BACK SPASMS. For the record and when you look at my medical Record; Dauphin County Prison / PRIME CARE MEDICAL, INC. You'll SEE that my BACK SPASMS ARE EXTREME AND UNCONTrollable

Fredie E. Saidten-cutizes-sundan phoduceunty Aleisans 1/50 balled bild. Hbg. Pa 17111
a 6/25/2019
TO: GRIEVANCE COURDINATOR/Director of SECURITY: MR Robert LUCAS
My BACK SPASMS ARE EXTREME And PAINFUL UNCONTrollable to the Point Where I can not move! The Doctor HAS ME TAKING PREVERBILL NERVE PILLS AND MOTHINS
to the Point WHERE I CAN NOT MOVE! THE DOCTOR
HAS ME TAKING PRESENTATIONS! NERVE PILLS AND MOTHINS
too stop my EXTREME PAINS AND OR BACK SPASM.
AS I PRESENT THIS GRIEVANCE TO YOU I ASK That All Prison Officers involved be Santioned and
that All Prison Officers in volved be Santioned and
WRITTEN-UP FOR UNNECCESSARY FORCE; ASSAULT: BEATING
ME AND BEING UN professional to mE FOR NO REASON At
All.
Sincerely: Fuldie E. Sinklur
CC FILEN E DATED
CC Filed & Dated 6/25/2019
6/25/2019
The Mediciation that I am taking For my Back Spasm
The Medication that I am taking For my Back SPASM ARE: FLEXARAII, NERVE pills AND MOTRINS

Dauphin County Prison - INMATE REQUEST FORM DCP-77
From Freddie Sinkler D.C.P. # 45,209 Date 7/26/2019 Block/Cell C-2-8
To: () WARDEN () DEPUTY WARDEN () CHAPLAIN (X) COUNSELOR
COMMISSARY/ACCOUNTANT () OTHER () RECORDS () SHAKEDOWN
REQUEST Page three from my Application To Proceed in
REQUEST Page three from my Application To Proceed in FORMA PAUPERIS is onlift why ONCE the Authorized
Trison official state Sign And BEND the CERTIFIED COME OF
my inmate Account to the Address on my Envolope
REPLY TO: The Clerk of the Court
US. District Court / middle District of Pa
235 North Weshing for AUE.
Scranton, Pa. 18501-1148
Doubhin County Prison INMANTE DECLIEST FORM
Dauphin County Prison - INMATE REQUEST FORM DCP-77
From Freddie Sinkka D.C.P. # 45,209 Date 7/26/2019 Block/Cell C-2-8
To: () WARDEN () DEPUTY WARDEN () CHAPLAIN (COUNSELOR
REQUEST Please have an Authorized Prison official sight and send a Certified
REQUEST Y LEASE HAVE AN AUTHORIZED Prison Official Sign and SEND A CERTIFIED
Copy of my Paison inmate account statement of all deposits, withdrawals
and halances for the prior six month period since I've been here
At Dauphin County Prison. Too And Address Above on this envolope
REPLY To: The Clerk of the Count
US. District Court / middle District of Pa.
235 North Washington AUE.



RECEIVED

JUL 30 2019

14501-1148 US. District Coup. TO: The CLERK Of the c Middle District